



STATE OF MARYLAND

DHMH

PT 19-05

Office of Health Services  
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM  
Audiology Transmittal No. 2

March 11, 2005

TO: All Audiology Providers  
FROM: Susan J. Tucker, Executive Director  
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

RE: EPSDT: Audiology Procedure Code and Fee Schedule

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Effective for dates of service March 1, 2005 and thereafter, the Medical Assistance Program has removed the preauthorization requirement for several of the EPSDT Audiology Services. Please read this entire transmittal and attachment carefully and replace your current *Procedure Code and Fee Schedule* with the one attached to this transmittal. You may also find the Fee Schedule by visiting the Program's website: [www.dhmh.state.md.us/mma/providerinfo/pdf/audiology.pdf](http://www.dhmh.state.md.us/mma/providerinfo/pdf/audiology.pdf).

As a result of these changes, you will no longer need to obtain preauthorization for the attached procedure codes. In accordance with COMAR 10.09.51(.07)(C), when billing for hearing aids, supplies and equipment, you should continue to bill at the acquisition cost and your usual and customary charge when billing for professional services. Please note: A provider must use the actual date of service and not the order date when billing all procedure codes for hearing aids and supplies.

It is the provider's responsibility to adhere to established medical necessity, coverage, and service limitation criteria that is outlined in COMAR 10.09.51. Records must be maintained for a six year period for all services rendered to a Maryland Medicaid recipient.

If you have any questions regarding this transmittal please contact the Division of Hospital and Professional Services at (410) 767-1722.

Attachment (on reverse side)



EFFECTIVE MARCH 1, 2005

**Preauthorization Removed – Bill Direct**

<u>Code</u>	<u>Definition</u>	<u>Maximum Fee</u>
V5170	Cros, In the Ear	A/C
V5180	Cros, Behind the Ear	A/C
V5210	Bicros, In the Ear	A/C
V5220	Bicros, Behind the Ear	A/C
V5246	Digitally Programmable Analog, Monaural, ITE	A/C
V5247	Digitally Programmable Analog, Monaural, BTE	A/C
V5267	Hearing Aid Supplies/Accessories	A/C

**Preauthorization Removed – By Report**

Bill direct. Attach a copy of the audiology report, audiogram, physician medical clearance and invoice to claim.

V5030	Body Worn, Air Conduction Hearing Aid	B/R
V5040	Body Worn, Bone Conduction Hearing Aid	B/R
V5050	Monaural, In the Ear	B/R
V5060	Monaural Behind the Ear Aids (Specify)	B/R
V5100	Body Worn, Bilateral	B/R
V5120	Body, Binaural	B/R
V5130	In the Ear, Binaural	B/R
V5140	Behind the Ear, Binaural (Specify)	B/R
V5252	Digitally Programmable, Binaural, ITE	B/R
V5253	Digitally Programmable, Binaural, BTE	B/R
V5256	Digital, Monaural, ITE	B/R
V5257	Digital, Monaural, BTE	B/R
V5260	Digital, Binaural, ITE	B/R
V5261	Digital, Binaural, BTE	B/R
L8614	Cochlear Device/System[Limited External Follow-Up Components]	B/R

**Bill Direct**

99002	Handling/Conveyance Service for Devices	A/C
V5014	Repair/Modification of a Hearing Aid	A/C
X0103	Hearing Aid Insurance/Warranty	A/C

A/C Acquisition cost to the provider (Provider must bill acquisition cost)  
 B/R By Report – Attach audiology report, audiogram, medical clearance & invoice to claim